

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 SHS  
(207) 287-5672 FAX (207) 287-4172

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| <b>PROPERTY LOCATION</b>   |                                   | <b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>  |   |
| City, Town, or Plantation  | LAMOINE                           | Town/City  | LAMOINE Permit # 1787                         |
| Street or Road   | MADISON AVENUE                    | Date Permit Issued   | 11/11/16 Fee \$ 265.00 Double Fee Charged ( ) |
| Subdivision, Lot #   | LOT # 8 - WALKER FARM SUBDIVISION | Local Plumbing Inspector Signature   | Michael Billings L.P.I. # 820                 |
| <b>OWNER/APPLICANT INFORMATION</b>   |                                   |  |   |
| Name (last, first, MI)   | JONES, BRETT                      | <input checked="" type="checkbox"/> Owner<br><input type="checkbox"/> Applicant  |   |
| Mailing Address of   | 355 SEAL POINT ROAD               | The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules. |   |
| <input checked="" type="checkbox"/> Owner<br><input type="checkbox"/> Applicant  | LAMOINE, ME. 04605                |  |   |
| Daytime Tel. #   |                                   | Municipal Tax Map #  | 4 Lot # 6.3                                   |
| <b>OWNER OR APPLICANT STATEMENT</b>  |                                   | <b>CAUTION: INSPECTION REQUIRED</b>  |   |
| I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit. |                                   | I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.   |   |
| Signature of Owner or Applicant  |                                   | Local Plumbing Inspector Signature   |   |
| Date 11-18-15  |                                   | (1st Date Approved)  |   |
|  |                                   | (2nd Date Approved)  |   |

|  |   |   |
|--|---|---|
| <b>PERMIT INFORMATION</b>  |   |   |
| <b>TYPE OF APPLICATION</b><br><input checked="" type="checkbox"/> 1. First Time System<br><input type="checkbox"/> 2. Replacement System<br>Type Replaced: _____<br>Year Installed: _____<br><input type="checkbox"/> 3. Expanded System<br><input type="checkbox"/> a. Minor Expansion<br><input type="checkbox"/> b. Major Expansion<br><input type="checkbox"/> 4. Experimental System<br><input type="checkbox"/> 5. Seasonal Conversion | <b>THIS APPLICATION REQUIRES</b><br><input checked="" type="checkbox"/> 1. No Rule Variance<br><input type="checkbox"/> 2. First Time System Variance<br><input type="checkbox"/> a. Local Plumbing Inspector Approval<br><input type="checkbox"/> b. State & Local Plumbing Inspector Approval<br><input type="checkbox"/> 3. Replacement System Variance<br><input type="checkbox"/> a. Local Plumbing Inspector Approval<br><input type="checkbox"/> b. State & Local Plumbing Inspector Approval<br><input type="checkbox"/> 4. Minimum Lot Size Variance<br><input type="checkbox"/> 5. Seasonal Conversion Permit | <b>DISPOSAL SYSTEM COMPONENT(S)</b><br><input type="checkbox"/> 1. Complete Non-engineered System<br><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)<br><input type="checkbox"/> 3. Alternative Toilet, specify: _____<br><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)<br><input type="checkbox"/> 5. Holding Tank, _____ gallons<br><input type="checkbox"/> 6. Non-engineered Disposal Field (only)<br><input type="checkbox"/> 7. Separated Laundry System<br><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)<br><input type="checkbox"/> 9. Engineered Treatment Tank (only)<br><input type="checkbox"/> 10. Engineered Disposal Field (only)<br><input type="checkbox"/> 11. Pre-treatment, specify: _____<br><input type="checkbox"/> 12. Miscellaneous components |
| <b>SIZE OF PROPERTY</b><br>_____ sq. ft.<br>1.5 acres  | <b>DISPOSAL SYSTEM TO SERVE</b><br><input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____<br><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____<br><input checked="" type="checkbox"/> 3. Other: (SPECIFY) MEDICAL OFFICE   | <b>TYPE OF WATER SUPPLY</b><br><b>TO BE</b><br><input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private<br><input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____  |
| <b>SHORELAND ZONING</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <b>Current Use:</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped   |   |

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

|  |   |   |  |
|--|---|---|--|
| <b>TREATMENT TANK</b><br><input checked="" type="checkbox"/> 1. Concrete<br><input type="checkbox"/> a. Regular<br><input type="checkbox"/> b. Low Profile<br><input type="checkbox"/> 2. Plastic<br><input type="checkbox"/> 3. Other: _____<br>CAPACITY 1000 gallons | <b>DISPOSAL FIELD TYPE &amp; SIZE</b><br><input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench<br><input type="checkbox"/> 3. Proprietary Device _____<br><input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear<br><input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load<br><input type="checkbox"/> 4. Other: _____<br>SIZE 900 sq. ft. lin. ft. | <b>GARBAGE DISPOSAL UNIT</b><br><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe<br>If Yes or Maybe, specify one below:<br><input type="checkbox"/> a. Multi-compartment Tank<br><input type="checkbox"/> b. _____ Tanks in Series<br><input type="checkbox"/> c. Increase in Tank Capacity<br><input type="checkbox"/> d. Filter on Tank Outlet | <b>UP TO DESIGN FLOW</b><br>270 gallons per day<br>BASED ON<br><input type="checkbox"/> 1. Table 4A (dwelling unit(s))<br><input type="checkbox"/> 2. Table 4C (other facilities)<br>SHOW CALCULATIONS for other facilities<br>(SEE PAGE 2)  |
| <b>SOIL DATA &amp; DESIGN CLASS</b><br>PROFILE 3 / C<br>CONDITION<br>at Observation Hole # 1<br>Depth 18"<br>OF MOST LIMITING SOIL FACTOR  | <b>DISPOSAL FIELD SIZING</b><br><input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd<br><input checked="" type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd<br><input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd<br><input type="checkbox"/> 4. Extra Large - 5.0 sq. ft./gpd   | <b>EFFLUENT/EJECTOR PUMP</b><br><input checked="" type="checkbox"/> 1. Not Required<br><input type="checkbox"/> 2. May be Required<br><input type="checkbox"/> 3. Required<br>Specify only for engineered systems<br>DOSE: _____ gallons  | <input type="checkbox"/> 3. Section 4G (meter readings)<br>ATTACH WATER METER DATA<br><b>LATITUDE AND LONGITUDE</b><br>at Center of Disposal Area<br>Lat. 44° 23' 18.3" N<br>Lon. 68° 02' 07.4" W<br>If g.p.s., state margin of error, 30' ± |

## SITE EVALUATOR STATEMENT

I certify that on 11-10-15 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

|   |                                |   |
|---|--------------------------------|---|
| Site Evaluator Signature<br>WILLIAM A. LaBELLE, JR. | 319<br>SE#<br>(207) 537 - 5900 | 11-14-15<br>Date<br>labelleseptic@rivah.net |
| Site Evaluator Name Printed                         | Telephone Number               | E-mail Address                              |

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.



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Owner or Applicant Name  
**BRETT JONES**

|                       |                     |
|-----------------------|---------------------|
| 1 MEDICAL STAFF :     | 80 GPD              |
| 1 SUPPORT STAFF :     | 15 GPD              |
| 10 PATIENTS PER DAY : | <u>50 GPD</u>       |
|                       | 145 GPD IS REQUIRED |
|                       | FOR THIS USE        |

Walker Road

SYSTEM IS DESIGNED TO ACCOMODATE A 3 BEDROOM,  
IF THE STRUCTURE IS EVER CHANGED INTO A  
RESIDENTIAL HOME. 270 GPD

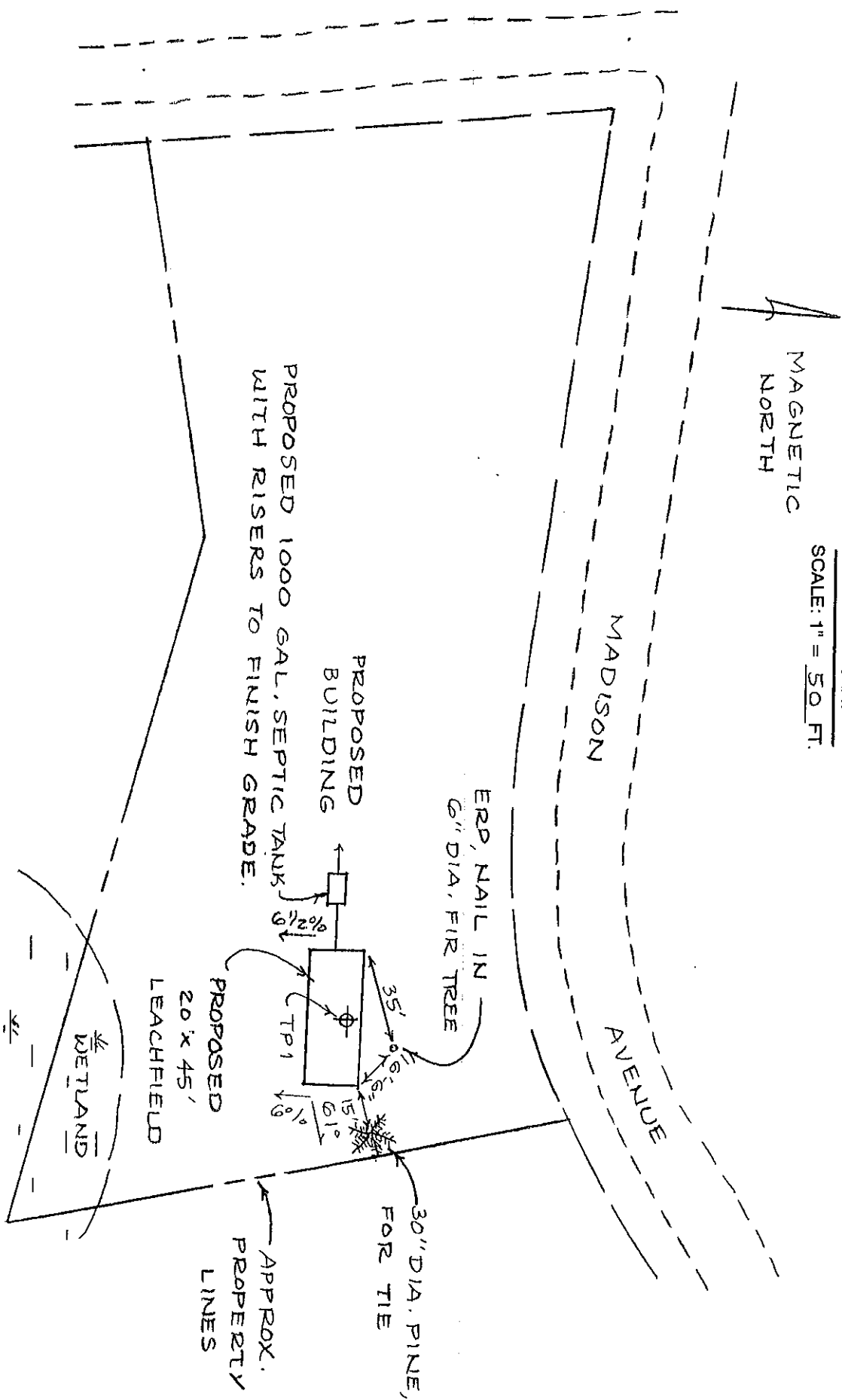
Diagram illustrating a soil profile chart with depth below mineral soil surface (inches) on the vertical axis (0 to 50 inches). The chart is divided into columns for Texture, Consistency, Color, and Mottling. A diagonal line indicates the profile depth. Below the chart is a table for Soil Classification, Slope, Limiting Factor, and Profile Condition.

| Soil Classification |           | Slope | Limiting Factor   |
|---------------------|-----------|-------|---|
| Profile             | Condition | %     | Depth"  |
|                     |           |       | <input type="checkbox"/> Ground Water<br><input type="checkbox"/> Restrictive Layer<br><input type="checkbox"/> Bedrock<br><input type="checkbox"/> Pit Depth |

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Owner or Applicant Name  
BRETT JONES

**SITE PLAN:**  
**SCALE: 1" = 50 FT.**



Date \_\_\_\_\_

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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Division of Environmental Health, 11 SHS  
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

LAMOINE

Street, Road, Subdivision

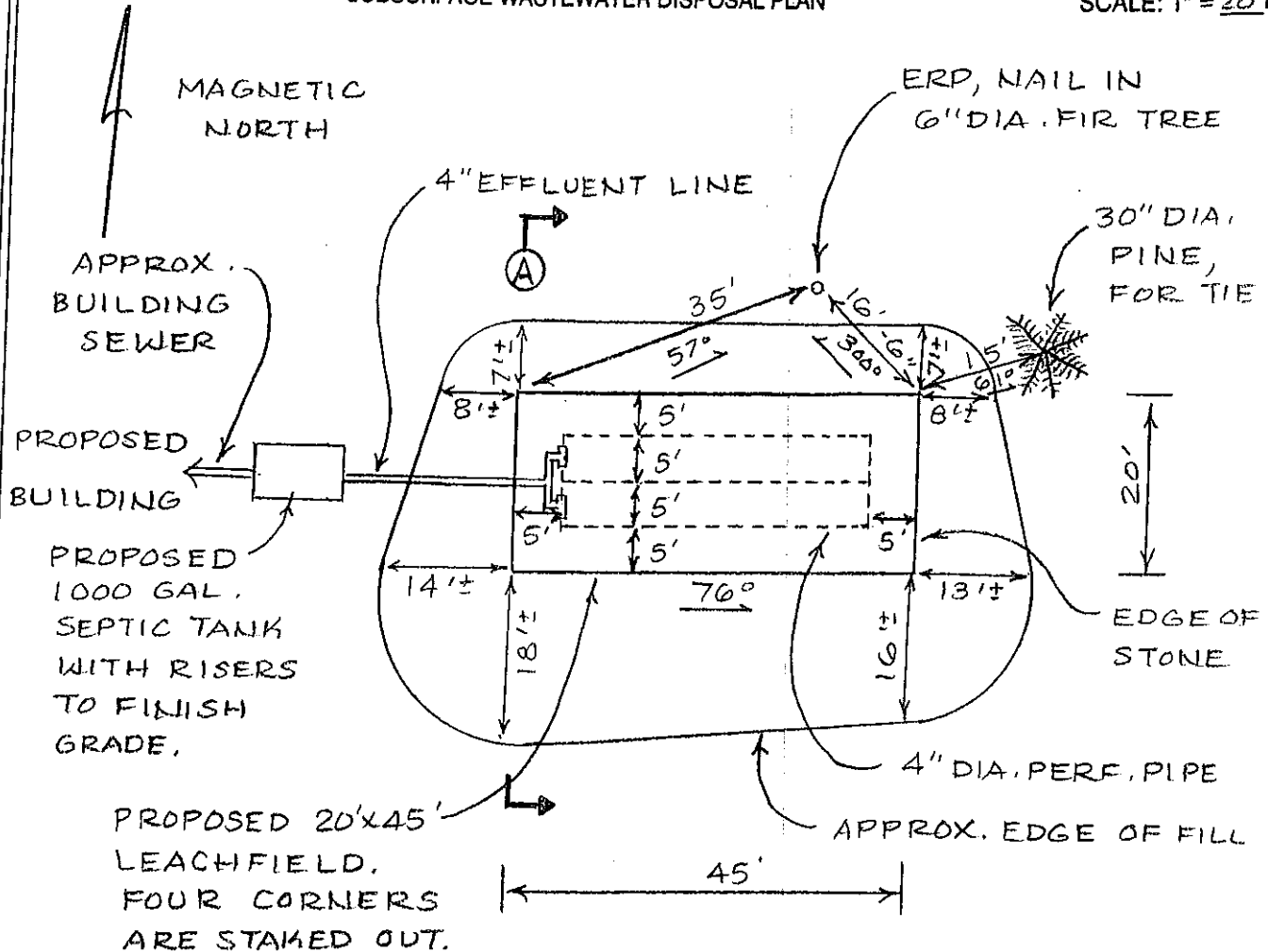
MADISON AVENUE LOT 8

Owner or Applicant Name

BRETT JONES

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



| FILL REQUIREMENTS                                       |         | CONSTRUCTION ELEVATIONS                        |       | SYSTEM: | PRIVY: | ELEVATION REFERENCE POINT |                                   |
|---|---------|--|-------|---------|--------|---------------------------|-----------------------------------|
| Depth of Backfill (Upslope)                             | 16"     | Finished Grade Elevation                       | CROWN | -34"    |        | Location & Description    | NAIL 32"                          |
| Depth of Backfill (Downslope)                           | 30"-32" | Top of Distribution Pipe or Proprietary Device |       | -49"    | N/A    |                           | ABOVE GROUND IN 6" DIA. FIR TREE. |
| Depths @ cross-section shown below or on X-sec. detail. |         | Bottom of Disposal Field                       |       | -60"    |        | Reference Elevation is:   | 0"                                |

### DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

#### NOTES:

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. Well to be 51' minimum from septic tank(s) and 100' minimum from disposal field.
4. All work done adjacent to wetlands and water bodies must be done in compliance with section 11-M of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPs" (DEPW0588).
5. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade).
6. Full basement below grade foundation, frost wall or columns must be 20' minimum from edge of disposal field and slab on grade must be 15' minimum from edge of disposal field.

*W. C. 212*  
Site Evaluator's Signature

319  
S.E. #

11-14-15  
Date

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NOTE: GRADE

UPSLOPE TO DIVERST  
SURFACE WATER  
AWAY FROM SYSTEM.

3 FT.  
WIDE  
BERM

20 FT.  
SCALE: 1" = 5'

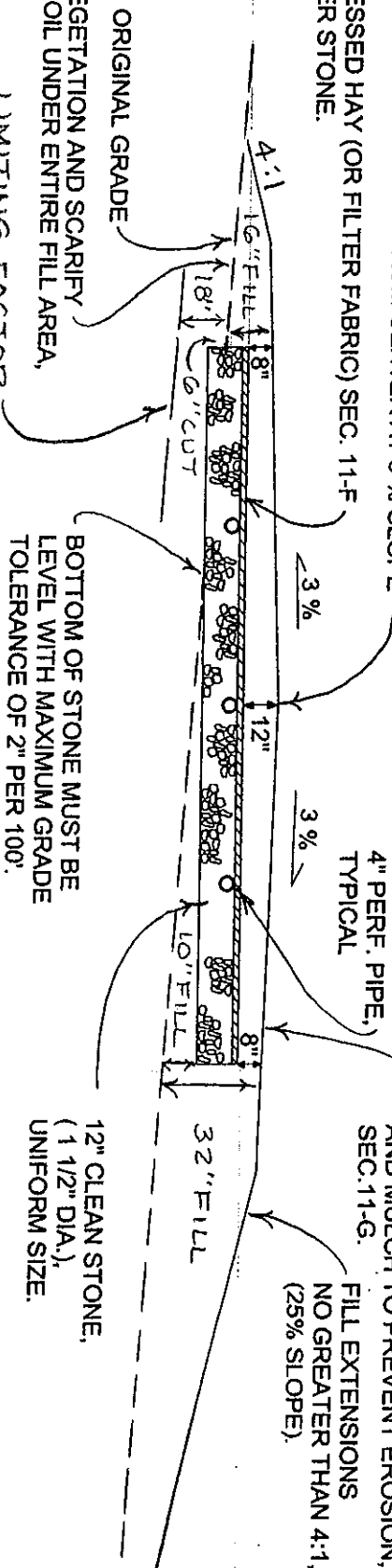
3 FT.  
WIDE  
BERM

DISPOSAL BED CROSS SECTION

(A)

FILL MATERIAL SHALL BE 8"-12" THICK  
OVER STONE AND SHALL BE GRAVELLY  
COARSE SAND TO THE STANDARDS IN  
SEC. 11-E IN THE SUBSURFACE RULES.

CROWN FINISH GRADE FROM CENTER AT 3% SLOPE  
2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F  
PLACED OVER STONE.



BOTTOM OF STONE MUST BE  
LEVEL WITH MAXIMUM GRADE  
TOLERANCE OF 2" PER 100'

12" CLEAN STONE,  
(1 1/2" DIA.),  
UNIFORM SIZE.

THOROUGHLY MIX, DISK OR ROTO-TILL  
CLEAN, COARSE, SHARP SAND INTO  
TOP 4 INCHES OF ORIGINAL SOIL TO  
CREATE A TRANSITION ZONE, SEC. 11-B.

REMOVE VEGETATION AND SCARIFY  
ORIGINAL SOIL UNDER ENTIRE FILL AREA,  
SEC. 11-B.

LIMITING FACTOR

ELEVATIONS:

ELEV. REF. PT. (ERP):

FINISHED GRADE:

TOP OF DISTRIBUTION PIPE:

BOTTOM OF STONE:

0"

- 34" CROWN

- 49"

- 60"

NOTE:

SYSTEM MUST BE INSTALLED ACCORDING  
TO THE RULES AND PRACTICES SET FORTH  
IN THE MOST CURRENT VERSION OF THE  
STATE OF MAINE SUBSURFACE WASTEWATER  
DISPOSAL RULES. INSTALLATION CONTRATOR  
MUST BE FAMILIAR WITH SAID RULES AND  
CONSTRUCT SYSTEM IN FULL COMPLIANCE  
WITH SECTION 11 OF SAID RULES.

OWNER: BRETT JONES  
LOCATION: LAMOINE

WILLIAM A. LABELLE, JR.

S.E.#

DATE

319

11-14-15